

**DEGREE/PROGRAM CHANGE  
FORM C  
Form Number: C2199**

Fields marked with \* are required

**Name of Initiator:** Michael Kisner    **Email:** [mbkisner@unm.edu](mailto:mbkisner@unm.edu)    **Phone Number:** 505-925-4174    **Date:** 02-23-2018

Associated Forms exist? No    Initiator's Title **Coord,Education Support: College of Nursing**  
Faculty Contact **Rachel West PhD, MSN, MHA, RN**    Administrative Contact **Judy Liesveld**  
Department **College of Nursing**    Admin Email **jliesveld@salud.unm.edu**  
**Branch** **ABQ**    Admin Phone **272-0848**

**Proposed effective term**

Semester **Spring**    Year **2019**

**Course Information**

Select Appropriate Program **Undergraduate Degree Program**  
Name of New or Existing Program **UG Dept Honors: Nursing**  
Select Category **Department**    Degree Type  
Select Action **Revision**

Exact Title and Requirements as they should appear in the catalog. If there is a change, upload current and proposed requirements.

See current catalog for format within the respective college (upload a doc/pdf file)

[Honors GPA Proposal.docx](#)

**Does this change affect other departmental program/branch campuses? If yes, indicate below.**

Reason(s) for Request (enter text below or upload a doc/pdf file)

**The CON offers a Departmental Honors Program. The request is to change the Honors Program GPA requirement from 3.5 to 3.2.**

Upload a document that includes justification for the program, impact on long-range planning, detailed budget analysis and faculty workload implications.(upload a doc/pdf file)

[Honors GPA Proposal.docx](#)

**Are you proposing a new undergraduate degree or new undergraduate certificate? If yes, upload the following documents.**

Upload a two-page Executive Summary authorized by Associate Provost. (upload a doc/pdf file)

Upload memo from Associate Provost authorizing go-ahead to full proposal. (upload a doc/pdf file)